TR	RAI	NSMITTA	Docket No. 17044									
In Re Application Of: Hirokazu Nishimura et al.												
Application No.		ation No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.					
10/667,865		67,865	September 22, 2003	Unassigned	23389	3762	1153					
Title:]	DIAGNOST	IC SUPPORT APPA									
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
				37 CFR 1.97(b)								
1. (1. A The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.											
				37 CFR 1.97(c)								
2. [☐ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:											
		☐ the	statement specified i	n 37 CFR 1.97(e);								
				OR								
		☐ the	fee set forth in 37 CF	R 1.17(p).								

TRANSMITTA	Docket No. 17044											
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10/667,865	September 22, 2003	Unassigned		23389	3762	1153						
Title: DIAGNOSTIC SUPPORT APPARATUS Payment of Fee												
(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) ☐ A check in the amount of is attached. ☐ The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. ☐ Charge the amount of ☐ Credit any overpayment. ☐ Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
I certify that this account is sein Patent and Trace (Date)	ate of Transmission be document and authorizating facsimile transmitted demark Office (Fa Signature Printed Name of Person Signate may only be used unt.	tion to charge deposit to the United States	I hereby of with the U as first "Commiss 22313-145	certify that this counited States Posticlass mail in cioner for Patents, 50" [37 CFR 1.8(a)] (Date) Signature of Performance (Performance)	ling by First Clas rrespondence is be al Service with suffi an envelope a P.O. Box 1450, Ale on rson Mailing Corresp	ing deposited clent postage ddressed to exandria, VA						
Thomas Spinelli Reg. No. 39,533 SCULLY, SCOTT, 400 Garden City Pl Garden City, NY 1 (516) 742-4343 TS:jam		ER, P.C.	Dated:	November 1, 20	007							